

**Work Order ID 153045****\*153045\***

Page 1

Monday, November 07, 2016 4:08:44 PM

Item ID: D3883-1 Accept **\*N900040100\*** Setup Start **\*NS1\***  
Revision ID: Stop **\*NS2\***  
Item Name: Saddle, Outboard LH  
Start Date: 11/14/2016 Start Qty: 6.00 **\*6\*** Cust Item ID:  
Required Date: 11/18/2016 Req'd Qty: 6.00 **\*6\*** Customer:  
Reference:

Approvals: Process Plan: DAS 21 9-89 Date: NOV 09 2016 Tooling: \_\_\_\_\_ Date: \_\_\_\_\_ Run Start **\*NR1\***  
QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_ Stop **\*NR2\***

| Sequence ID/<br>Work Center ID | Operation<br>Description | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp |
|--------------------------------|--------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
| Draw Nbr                       | Revision Nbr             |                      |         |        |              |               |               |                  |                |
| D3883                          | D                        |                      |         |        |              |               |               |                  |                |

100  
**\*100\*** HAAS CNC VERTICAL MACHINING #1 0.26  
HAAS 1 0.69 D.A 16-12-03 10 0 DAS 44 9-89 16-11-30  
HAAS CNC vertical machine #1

**Memo**Program Batch No. 153045Double check by: AL

1-Machine Step No 1 per Folio FA815 and inspect per attached Dimension Sheets

2-Machine Step No 2 per Folio FA641 and inspect per attached Dimension Sheets

3-Machine Step No 3 per Folio FA815 and inspect per Dimension Sheets

MILL AS PER DWG AND FOLIO FA815

FOLIO REV: AADWG REV: D

105  
**\*105\*** Mill Conv 0.00  
Conventional Milling Machine 0.00 D.A 16-12-03 10 0 DAS 08 9-89

**Memo**

MILL KEYWAY AS PER DWG

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|-----------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div> |  |  |                                                                                                                                                     |  |  |
| Date :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | Step #:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  | MRB (QSI042) Approval<br><br><br>Completed By<br><br><br>Lead hand / Supervisor<br>Approval Verification<br><br><br>QC / QA Coordinator<br>Approval |  |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |                                                                                                                                                     |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |                                                                                                                                                     |  |  |
| <b>Root Cause</b><br><div style="display: flex; justify-content: space-between;"> <div>             Environment <input type="checkbox"/><br/>             Design <input type="checkbox"/><br/>             Doc/Data <input type="checkbox"/><br/>             Equip/Tooling <input type="checkbox"/><br/>             Handling/Pre <input type="checkbox"/><br/>             Material <input type="checkbox"/><br/>             Internal Transport <input type="checkbox"/><br/>             Tribal Knowledge <input type="checkbox"/><br/>             LOA <input type="checkbox"/><br/>             Substation <input type="checkbox"/><br/>             Past Expiry Date <input type="checkbox"/><br/>             Misidentified <input type="checkbox"/> </div> <div>             No Re-verification <input type="checkbox"/><br/>             Operator <input type="checkbox"/><br/>             Offset/Setup <input type="checkbox"/><br/>             Supplier <input type="checkbox"/><br/>             Training <input type="checkbox"/><br/>             Use for Testing <input type="checkbox"/><br/>             Poor Information <input type="checkbox"/><br/>             Rushing <input type="checkbox"/><br/>             Product Improvement <input type="checkbox"/><br/>             Process Improvement <input type="checkbox"/><br/>             Manufacturing Process <input type="checkbox"/><br/>             Past Due <input type="checkbox"/> </div> </div> |  | <b>FAULT CATEGORY</b><br><div style="display: flex; justify-content: space-between;"> <div>             Pressure/Forced <input type="checkbox"/><br/>             Bending <input type="checkbox"/><br/>             Centre Not Concentric <input type="checkbox"/><br/>             Cracks <input type="checkbox"/><br/>             Crimp/Kink/Ripple/Wave <input type="checkbox"/><br/>             Cuffs <input type="checkbox"/><br/>             Crushing <input type="checkbox"/><br/>             Heat Treat <input type="checkbox"/><br/>             Wave/Twist in Tube <input type="checkbox"/><br/>             Marks/Chatter <input type="checkbox"/> </div> <div>             Temperature/Cure <input type="checkbox"/><br/>             Set-up <input type="checkbox"/><br/>             BOM/Route <input type="checkbox"/><br/>             Broken/Damage/Defect <input type="checkbox"/><br/>             Inspection Incomplete/Unqualified <input type="checkbox"/><br/>             Contamination <input type="checkbox"/><br/>             Countersink <input type="checkbox"/><br/>             Cut Too Short <input type="checkbox"/><br/>             Instructions Incomplete/Unclear <input type="checkbox"/><br/>             Drill Holes <input type="checkbox"/> </div> <div>             Power Loss/Surge <input type="checkbox"/><br/>             Folio/Program <input type="checkbox"/><br/>             Grain <input type="checkbox"/><br/>             Weld <input type="checkbox"/><br/>             Wrong Stock Pulled <input type="checkbox"/><br/>             Out of Sequence <input type="checkbox"/><br/>             Off-set <input type="checkbox"/><br/>             Mislabeled <input type="checkbox"/><br/>             Fit/Function <input type="checkbox"/><br/>             Misaligned/off center <input type="checkbox"/> </div> <div>             Positioned Wrong <input type="checkbox"/><br/>             Outside Dimensions <input type="checkbox"/><br/>             Over/Under tolerance <input type="checkbox"/><br/>             Part Incorrect <input type="checkbox"/><br/>             Part Lost/Missing <input type="checkbox"/><br/>             Part Moved <input type="checkbox"/><br/>             Drawing <input type="checkbox"/><br/>             Finish <input type="checkbox"/><br/>             Misread <input type="checkbox"/><br/>             Turning Sequence <input type="checkbox"/> </div> </div> |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |                                                                                                                                                     |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | OTHER :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |                                                                                                                                                     |  |  |

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Page 2

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Start Date: 11/14/2016 Start Qty: 6.00 **\*6\*** Cust Item ID:  
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Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_ Run Start **\*NR1\***  
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| Sequence ID/<br>Work Center ID                      | Operation<br>Description                            | Set Up/<br>Run Hours | Tool ID | Tool #             | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp             |
|-----------------------------------------------------|-----------------------------------------------------|----------------------|---------|--------------------|--------------|---------------|---------------|------------------|----------------------------|
| 110<br><b>*110*</b><br>QC<br>Quality Control        | QC2- Inspect parts off machine FAI/FAIB<br><br>Memo | 0.00<br><br>0.01     |         | <i>D. 16-12-03</i> |              | <i>10</i>     | <i>0</i>      |                  | <i>DAS<br/>08<br/>9-89</i> |
| 120<br><b>*120*</b><br>QC<br>Quality Control        | QC8- Inspect parts - second check<br><br>Memo       | 0.00<br><br>0.02     |         |                    |              | <i>10</i>     |               |                  | <i>16/12-5</i>             |
| 130<br><b>*130*</b><br>HandFinish<br>Hand Finishing | Chemical Conversion Coat per QSI005 4.1<br><br>Memo | 0.00<br><br>0.13     |         |                    |              | <i>(X10)</i>  | <i>0</i>      |                  | <i>2016/12/05<br/>BEB.</i> |



DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                      | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Date :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Step #:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | MRB (QSI042) Approval                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Completed By                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Lead hand / Supervisor Approval Verification                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | QC / QA Coordinator Approval                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Root Cause                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | FAULT CATEGORY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Environment <input type="checkbox"/><br>Design <input type="checkbox"/><br>Doc/Data <input type="checkbox"/><br>Equip/Tooling <input type="checkbox"/><br>Handling/Pre <input type="checkbox"/><br>Material <input type="checkbox"/><br>Internal Transport <input type="checkbox"/><br>Tribal Knowledge <input type="checkbox"/><br>LOA <input type="checkbox"/><br>Substation <input type="checkbox"/><br>Past Expiry Date <input type="checkbox"/><br>Misidentified <input type="checkbox"/> | No Re-verification <input type="checkbox"/><br>Operator <input type="checkbox"/><br>Offset/Setup <input type="checkbox"/><br>Supplier <input type="checkbox"/><br>Training <input type="checkbox"/><br>Use for Testing <input type="checkbox"/><br>Poor Information <input type="checkbox"/><br>Rushing <input type="checkbox"/><br>Product Improvement <input type="checkbox"/><br>Process Improvement <input type="checkbox"/><br>Manufacturing Process <input type="checkbox"/><br>Past Due <input type="checkbox"/> | Pressure/Forced <input type="checkbox"/><br>Bending <input type="checkbox"/><br>Centre Not Concentric <input type="checkbox"/><br>Cracks <input type="checkbox"/><br>Crimp/Kink/Ripple/Wave <input type="checkbox"/><br>Cuffs <input type="checkbox"/><br>Crushing <input type="checkbox"/><br>Heat Treat <input type="checkbox"/><br>Wave/Twist in Tube <input type="checkbox"/><br>Marks/Chatter <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Temperature/Cure <input type="checkbox"/><br>Set-up <input type="checkbox"/><br>BOM/Route <input type="checkbox"/><br>Broken/Damage/Defect <input type="checkbox"/><br>Inspection Incomplete/Unqualified <input type="checkbox"/><br>Contamination <input type="checkbox"/><br>Countersink <input type="checkbox"/><br>Cut Too Short <input type="checkbox"/><br>Instructions Incomplete/Unclear <input type="checkbox"/><br>Drill Holes <input type="checkbox"/> | Power Loss/Surge <input type="checkbox"/><br>Folio/Program <input type="checkbox"/><br>Grain <input type="checkbox"/><br>Weld <input type="checkbox"/><br>Wrong Stock Pulled <input type="checkbox"/><br>Out of Sequence <input type="checkbox"/><br>Off-set <input type="checkbox"/><br>Mislabeled <input type="checkbox"/><br>Fit/Function <input type="checkbox"/><br>Misaligned/off center <input type="checkbox"/> | Positioned Wrong <input type="checkbox"/><br>Outside Dimensions <input type="checkbox"/><br>Over/Under tolerance <input type="checkbox"/><br>Part Incorrect <input type="checkbox"/><br>Part Lost/Missing <input type="checkbox"/><br>Part Moved <input type="checkbox"/><br>Drawing <input type="checkbox"/><br>Finish <input type="checkbox"/><br>Misread <input type="checkbox"/><br>Turning Sequence <input type="checkbox"/> |
| OTHER : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                   |

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**\*153045\***

Page 3

Monday, November 07, 2016 4:08:44 PM

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| Sequence ID/<br>Work Center ID | Operation<br>Description                                                                                                           | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp |
|--------------------------------|------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
| 140                            | White Gloss(Ref:4.3.5.1) per QSI005 4.3-Alum                                                                                       | 0.00                 |         |        |              |               |               |                  |                |
| <b>*140*</b>                   |                                                                                                                                    |                      |         |        |              |               |               |                  |                |
| Powdercoat                     | Memo                                                                                                                               | 0.04                 |         |        |              |               |               |                  |                |
| Powder Coating                 | ***MASK INSIDE SURFACES OF SADDLE PRIOR TO APPLICATION OF<br>POWDER COAT AS PER INDICATED ON DWG (SEE NOTE 2)***<br><i>M155418</i> |                      |         |        |              |               |               |                  |                |
|                                | ***DO NOT MASK INSIDE FLANGE SURFACE***                                                                                            |                      |         |        |              |               |               |                  |                |
|                                | START TIME: <i>11:50</i>                                                                                                           |                      |         |        |              |               |               |                  |                |
|                                | OVEN TEMPERATURE: <i>320</i>                                                                                                       |                      |         |        |              |               |               |                  |                |
|                                | FINISH TIME: <i>12:20</i>                                                                                                          |                      |         |        |              |               |               |                  |                |
| 150                            | QC3- Inspect Part Finish                                                                                                           | 0.00                 |         |        |              |               |               |                  |                |
| <b>*150*</b>                   |                                                                                                                                    |                      |         |        |              |               |               |                  |                |
| QC                             | Memo                                                                                                                               | 0.01                 |         |        |              |               |               |                  |                |
| Quality Control                |                                                                                                                                    |                      |         |        |              |               |               |                  |                |

DAS  
38  
9-88  
DEC 07 2016

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div>                                                                                                                                                                                                                                                          |  |                                              |  |
| Date : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Step #: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | QTY Effective : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | MRB (QSI042) Approval                        |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | Completed By                                 |  |
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| Root Cause                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | FAULT CATEGORY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                              |  |
| <div style="display: flex;"> <div style="flex: 1;">           Environment <input type="checkbox"/><br/>           Design <input type="checkbox"/><br/>           Doc/Data <input type="checkbox"/><br/>           Equip/Tooling <input type="checkbox"/><br/>           Handling/Pre <input type="checkbox"/><br/>           Material <input type="checkbox"/><br/>           Internal Transport <input type="checkbox"/><br/>           Tribal Knowledge <input type="checkbox"/><br/>           LOA <input type="checkbox"/><br/>           Substation <input type="checkbox"/><br/>           Past Expiry Date <input type="checkbox"/><br/>           Misidentified <input type="checkbox"/> </div> <div style="flex: 1;">           No Re-verification <input type="checkbox"/><br/>           Operator <input type="checkbox"/><br/>           Offset/Setup <input type="checkbox"/><br/>           Supplier <input type="checkbox"/><br/>           Training <input type="checkbox"/><br/>           Use for Testing <input type="checkbox"/><br/>           Poor Information <input type="checkbox"/><br/>           Rushing <input type="checkbox"/><br/>           Product Improvement <input type="checkbox"/><br/>           Process Improvement <input type="checkbox"/><br/>           Manufacturing Process <input type="checkbox"/><br/>           Past Due <input type="checkbox"/> </div> </div> | <div style="display: flex;"> <div style="flex: 1;">           Pressure/Forced <input type="checkbox"/><br/>           Bending <input type="checkbox"/><br/>           Centre Not Concentric <input type="checkbox"/><br/>           Cracks <input type="checkbox"/><br/>           Crimp/Kink/Ripple/Wave <input type="checkbox"/><br/>           Cuffs <input type="checkbox"/><br/>           Crushing <input type="checkbox"/><br/>           Heat Treat <input type="checkbox"/><br/>           Wave/Twist in Tube <input type="checkbox"/><br/>           Marks/Chatter <input type="checkbox"/> </div> <div style="flex: 1;">           Temperature/Cure <input type="checkbox"/><br/>           Set-up <input type="checkbox"/><br/>           BOM/Route <input type="checkbox"/><br/>           Broken/Damage/Defect <input type="checkbox"/><br/>           Inspection Incomplete/Unqualified <input type="checkbox"/><br/>           Contamination <input type="checkbox"/><br/>           Countersink <input type="checkbox"/><br/>           Cut Too Short <input type="checkbox"/><br/>           Instructions Incomplete/Unclear <input type="checkbox"/><br/>           Drill Holes <input type="checkbox"/> </div> </div> | <div style="display: flex;"> <div style="flex: 1;">           Power Loss/Surge <input type="checkbox"/><br/>           Folio/Program <input type="checkbox"/><br/>           Grain <input type="checkbox"/><br/>           Weld <input type="checkbox"/><br/>           Wrong Stock Pulled <input type="checkbox"/><br/>           Out of Sequence <input type="checkbox"/><br/>           Off-set <input type="checkbox"/><br/>           Mislabeled <input type="checkbox"/><br/>           Fit/Function <input type="checkbox"/><br/>           Misaligned/off center <input type="checkbox"/> </div> <div style="flex: 1;">           Positioned Wrong <input type="checkbox"/><br/>           Outside Dimensions <input type="checkbox"/><br/>           Over/Under tolerance <input type="checkbox"/><br/>           Part Incorrect <input type="checkbox"/><br/>           Part Lost/Missing <input type="checkbox"/><br/>           Part Moved <input type="checkbox"/><br/>           Drawing <input type="checkbox"/><br/>           Finish <input type="checkbox"/><br/>           Misread <input type="checkbox"/><br/>           Turning Sequence <input type="checkbox"/> </div> </div> |  |                                              |  |
| OTHER : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                              |  |



**Work Order ID 153045**

Monday, November 07, 2016 4:08:44 PM

**\*153045\***

Page 4

Item ID: D3883-1 Accept **\*N900040100\*** Setup Start **\*NS1\***  
Revision ID: Stop **\*NS2\***  
Item Name: Saddle, Outboard LH  
Start Date: 11/14/2016 Start Qty: 6.00 **\*6\*** Cust Item ID:  
Required Date: 11/18/2016 Req'd Qty: 6.00 **\*6\*** Customer:  
Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_ Run Start **\*NR1\***  
QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_ Stop **\*NR2\***

| Sequence ID/<br>Work Center ID | Operation<br>Description                           | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp |
|--------------------------------|----------------------------------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
| 160                            | Identify as per dwg & Stock Location: <u>Stacy</u> | 0.00                 |         |        |              |               |               |                  |                |
| <b>*160*</b>                   |                                                    |                      |         |        |              |               |               |                  |                |
| Packaging                      | Memo                                               | 0.01                 |         |        |              |               |               |                  |                |
| Packaging                      |                                                    |                      |         |        |              |               |               |                  |                |
| 170                            | QC21 - Final Inspection - Work Order Release       | 0.00                 |         |        |              |               |               |                  |                |
| <b>*170*</b>                   |                                                    |                      |         |        |              |               |               |                  |                |
| QC                             | Memo                                               | 0.10                 |         |        |              |               |               |                  |                |
| Quality Control                |                                                    |                      |         |        |              |               |               |                  |                |

10  
DEC 08 2016  
DAS  
6  
9-89  
16/12/13  
VS 16/12/08  
DAS  
21  
9-89

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div>                                                                                                                                                                                                                            |  |  |                                                                                                                                                            |  |  |
| Date :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | Step #:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  | <b>MRB (QSI042) Approval</b><br><br>Completed By _____<br><br>Lead hand / Supervisor Approval Verification _____<br><br>QC / QA Coordinator Approval _____ |  |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |                                                                                                                                                            |  |  |
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| <b>Root Cause</b><br><div style="display: flex;"> <div style="flex: 1;">           Environment <input type="checkbox"/><br/>           Design <input type="checkbox"/><br/>           Doc/Data <input type="checkbox"/><br/>           Equip/Tooling <input type="checkbox"/><br/>           Handling/Pre <input type="checkbox"/><br/>           Material <input type="checkbox"/><br/>           Internal Transport <input type="checkbox"/><br/>           Tribal Knowledge <input type="checkbox"/><br/>           LOA <input type="checkbox"/><br/>           Substation <input type="checkbox"/><br/>           Past Expiry Date <input type="checkbox"/><br/>           Misidentified <input type="checkbox"/> </div> <div style="flex: 1;">           No Re-verification <input type="checkbox"/><br/>           Operator <input type="checkbox"/><br/>           Offset/Setup <input type="checkbox"/><br/>           Supplier <input type="checkbox"/><br/>           Training <input type="checkbox"/><br/>           Use for Testing <input type="checkbox"/><br/>           Poor Information <input type="checkbox"/><br/>           Rushing <input type="checkbox"/><br/>           Product Improvement <input type="checkbox"/><br/>           Process Improvement <input type="checkbox"/><br/>           Manufacturing Process <input type="checkbox"/><br/>           Past Due <input type="checkbox"/> </div> </div> |  | <b>FAULT CATEGORY</b><br><div style="display: flex;"> <div style="flex: 1;">           Pressure/Forced <input type="checkbox"/><br/>           Bending <input type="checkbox"/><br/>           Centre Not Concentric <input type="checkbox"/><br/>           Cracks <input type="checkbox"/><br/>           Crimp/Kink/Ripple/Wave <input type="checkbox"/><br/>           Cuffs <input type="checkbox"/><br/>           Crushing <input type="checkbox"/><br/>           Heat Treat <input type="checkbox"/><br/>           Wave/Twist in Tube <input type="checkbox"/><br/>           Marks/Chatter <input type="checkbox"/> </div> <div style="flex: 1;">           Temperature/Cure <input type="checkbox"/><br/>           Set-up <input type="checkbox"/><br/>           BOM/Route <input type="checkbox"/><br/>           Broken/Damage/Defect <input type="checkbox"/><br/>           Inspection Incomplete/Unqualified <input type="checkbox"/><br/>           Contamination <input type="checkbox"/><br/>           Countersink <input type="checkbox"/><br/>           Cut Too Short <input type="checkbox"/><br/>           Instructions Incomplete/Unclear <input type="checkbox"/><br/>           Drill Holes <input type="checkbox"/> </div> </div> |  | <div style="display: flex;"> <div style="flex: 1;">           Power Loss/Surge <input type="checkbox"/><br/>           Folio/Program <input type="checkbox"/><br/>           Grain <input type="checkbox"/><br/>           Weld <input type="checkbox"/><br/>           Wrong Stock Pulled <input type="checkbox"/><br/>           Out of Sequence <input type="checkbox"/><br/>           Off-set <input type="checkbox"/><br/>           Mislabeled <input type="checkbox"/><br/>           Fit/Function <input type="checkbox"/><br/>           Misaligned/off center <input type="checkbox"/> </div> <div style="flex: 1;">           Positioned Wrong <input type="checkbox"/><br/>           Outside Dimensions <input type="checkbox"/><br/>           Over/Under tolerance <input type="checkbox"/><br/>           Part Incorrect <input type="checkbox"/><br/>           Part Lost/Missing <input type="checkbox"/><br/>           Part Moved <input type="checkbox"/><br/>           Drawing <input type="checkbox"/><br/>           Finish <input type="checkbox"/><br/>           Misread <input type="checkbox"/><br/>           Turning Sequence <input type="checkbox"/> </div> </div> |  |  |                                                                                                                                                            |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | OTHER : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |                                                                                                                                                            |  |  |



# Picklist Print

Monday, November 07, 2016 4:08:44 PM

Page 1

Work Order ID: 153045

**\*153045\***

Parent Item: D3883-1

**\*D3883-1\***

Parent Item Name: Saddle, Outboard LH

Start Date: 11/14/2016

Required Date: 11/18/2016

Start Qty: 6.00

Required Qty: 6.00

**Comments:**

IPP RevA: New issue DD verified by:EC

IPP REV:B

15.05.20 remove inside powdercoat DD VERF:JLM

| Component Item ID/<br>Item Name | Replacement<br>Item ID | Mfg/<br>Purch | Bin<br>Item | Primary<br>Location | Last<br>Location | Route<br>Seq ID | Unit of<br>Measure | Qty on<br>Hand | Qty per Kit | Total<br>Qty | Qty<br>Issued | Date<br>Issued | Status |
|---------------------------------|------------------------|---------------|-------------|---------------------|------------------|-----------------|--------------------|----------------|-------------|--------------|---------------|----------------|--------|
| D6101-015                       |                        | Manufactured  | No          |                     |                  | 100             | Each               | 27.0000        | 1           | 6            |               |                |        |
| <b>*D6101-015*</b>              |                        |               |             |                     |                  |                 |                    |                | <b>**</b>   |              |               |                |        |
| Saddle Billet                   |                        |               |             |                     |                  |                 |                    |                |             |              |               |                |        |

DAS  
44  
9-89 16-11-29,

Location

Loc Qty

Loc Code

MAT045

27

150665

7

151161

20

152618

5  
5  
5

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

## WORK ORDER NON-CONFORMANCE / UPDATE



QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                      | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Date :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Step #:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | MRB (QSI042) Approval                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Completed By                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
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| Root Cause                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | FAULT CATEGORY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Environment <input type="checkbox"/><br>Design <input type="checkbox"/><br>Doc/Data <input type="checkbox"/><br>Equip/Tooling <input type="checkbox"/><br>Handling/Pre <input type="checkbox"/><br>Material <input type="checkbox"/><br>Internal Transport <input type="checkbox"/><br>Tribal Knowledge <input type="checkbox"/><br>LOA <input type="checkbox"/><br>Substation <input type="checkbox"/><br>Past Expiry Date <input type="checkbox"/><br>Misidentified <input type="checkbox"/> | No Re-verification <input type="checkbox"/><br>Operator <input type="checkbox"/><br>Offset/Setup <input type="checkbox"/><br>Supplier <input type="checkbox"/><br>Training <input type="checkbox"/><br>Use for Testing <input type="checkbox"/><br>Poor Information <input type="checkbox"/><br>Rushing <input type="checkbox"/><br>Product Improvement <input type="checkbox"/><br>Process Improvement <input type="checkbox"/><br>Manufacturing Process <input type="checkbox"/><br>Past Due <input type="checkbox"/> | Pressure/Forced <input type="checkbox"/><br>Bending <input type="checkbox"/><br>Centre Not Concentric <input type="checkbox"/><br>Cracks <input type="checkbox"/><br>Crimp/Kink/Ripple/Wave <input type="checkbox"/><br>Cuffs <input type="checkbox"/><br>Crushing <input type="checkbox"/><br>Heat Treat <input type="checkbox"/><br>Wave/Twist in Tube <input type="checkbox"/><br>Marks/Chatter <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Temperature/Cure <input type="checkbox"/><br>Set-up <input type="checkbox"/><br>BOM/Route <input type="checkbox"/><br>Broken/Damage/Defect <input type="checkbox"/><br>Inspection Incomplete/Unqualified <input type="checkbox"/><br>Contamination <input type="checkbox"/><br>Countersink <input type="checkbox"/><br>Cut Too Short <input type="checkbox"/><br>Instructions Incomplete/Unclear <input type="checkbox"/><br>Drill Holes <input type="checkbox"/> | Power Loss/Surge <input type="checkbox"/><br>Folio/Program <input type="checkbox"/><br>Grain <input type="checkbox"/><br>Weld <input type="checkbox"/><br>Wrong Stock Pulled <input type="checkbox"/><br>Out of Sequence <input type="checkbox"/><br>Off-set <input type="checkbox"/><br>Mislabeled <input type="checkbox"/><br>Fit/Function <input type="checkbox"/><br>Misaligned/off center <input type="checkbox"/> | Positioned Wrong <input type="checkbox"/><br>Outside Dimensions <input type="checkbox"/><br>Over/Under tolerance <input type="checkbox"/><br>Part Incorrect <input type="checkbox"/><br>Part Lost/Missing <input type="checkbox"/><br>Part Moved <input type="checkbox"/><br>Drawing <input type="checkbox"/><br>Finish <input type="checkbox"/><br>Misread <input type="checkbox"/><br>Turning Sequence <input type="checkbox"/> |
| OTHER :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                   |



|                                          |               |                             |
|------------------------------------------|---------------|-----------------------------|
| <b>DART AEROSPACE LTD</b>                |               | <b>Work Order:</b> 153045   |
| <b>Description:</b> Saddle, Outboard, LH |               | <b>Part Number:</b> D3883-1 |
| <b>Inspection Dwg:</b> D3883             | <b>Rev.</b> D | <b>Page 1 of 1</b>          |

Inspect dimensions highlighted on inspection sheet drawing and record below:

|               |       |       |                | Recorded Actual Dimensions |       |       |       |    |        |
|---------------|-------|-------|----------------|----------------------------|-------|-------|-------|----|--------|
| Dim           | Min   | Max   | Go/No Go Gauge | 1                          | 2     | 3     | 4     | By | 5 Date |
| A             | 2.870 | 2.880 |                | 2.875                      | 2.875 | 2.875 | 2.875 |    | 2.875  |
| B             | 1.433 | 1.443 |                | 1.438                      | 1.438 | 1.438 | 1.438 |    | 1.438  |
| C             | 0.638 | 0.658 |                | 0.644                      | 0.646 | 0.646 | 0.646 |    | 0.646  |
| D             | 3.895 | 3.905 |                | 3.900                      | 3.900 | 3.900 | 3.900 |    | 3.900  |
| E             | 0.257 | 0.262 |                | 0.258                      | 0.258 | 0.258 | 0.258 |    | 0.258  |
| F             | 0.605 | 0.625 |                | 0.612                      | 0.612 | 0.612 | 0.612 |    | 0.612  |
| G             | 1.120 | 1.130 |                | 1.125                      | 1.125 | 1.125 | 1.125 |    | 1.125  |
| H             | 2.245 | 2.255 |                | 2.250                      | 2.250 | 2.250 | 2.250 |    | 2.250  |
| I             | 2.000 | 2.020 |                | 2.000                      | 2.000 | 2.000 | 2.000 |    | 2.000  |
| J             | 0.140 | 0.165 |                | 0.148                      | 0.147 | 0.146 | 0.147 |    | 0.147  |
| K             | 0.240 | 0.260 |                | 0.246                      | 0.247 | 0.246 | 0.247 |    | 0.246  |
| L             | 0.115 | 0.135 |                | 0.125                      | 0.124 | 0.123 | 0.124 |    | 0.124  |
| M             | 0.140 | 0.165 |                | 0.146                      | 0.146 | 0.147 | 0.146 |    | 0.146  |
| N             | 0.720 | 0.780 |                | 0.765                      | 0.765 | 0.765 | 0.765 |    | 0.765  |
| O             | 0.240 | 0.260 |                | 0.255                      | 0.255 | 0.255 | 0.253 |    | 0.256  |
| P             | 0.110 | 0.140 |                | 0.140                      | 0.140 | 0.140 | 0.140 |    | 0.140  |
| Q             | 0.178 | 0.198 |                | 0.188                      | 0.188 | 0.188 | 0.188 |    | 0.188  |
| R             | 2.825 | 2.885 |                | 2.855                      | 2.855 | 2.855 | 2.855 |    | 2.855  |
| S             | 0.316 | 0.321 |                | 0.316                      | 0.316 | 0.316 | 0.316 |    | 0.316  |
| T             | 0.990 | 1.010 |                | 1.000                      | 1.000 | 1.000 | 1.000 |    | 1.000  |
| U             | 1.745 | 1.755 |                | 1.750                      | 1.750 | 1.750 | 1.750 |    | 1.750  |
| V             | 5.990 | 6.010 |                | 6.000                      | 6.000 | 6.000 | 6.000 |    | 6.000  |
| W             | 1.245 | 1.255 |                | 1.250                      | 1.250 | 1.250 | 1.250 |    | 1.250  |
| X             | 0.490 | 0.510 |                | 0.502                      | 0.500 | 0.500 | 0.500 |    | 0.500  |
| Y             | 1.220 | 1.280 |                | 1.250                      | 1.250 | 1.250 | 1.250 |    | 1.250  |
| Z             | 2.495 | 2.505 |                | 2.500                      | 2.500 | 2.500 | 2.500 |    | 2.500  |
| AA            | 0.313 | 0.318 |                | 0.314                      | 0.314 | 0.314 | 0.314 |    | 0.314  |
| AB            | 0.020 | 0.040 |                | 0.030                      | 0.030 | 0.030 | 0.030 |    | 0.030  |
| AC            | 0.760 | 0.765 |                | 0.765                      | 0.765 | 0.765 | 0.765 |    | 0.765  |
| AD            | 0.215 | 0.220 |                | 0.217                      | 0.218 | 0.218 | 0.218 |    | 0.218  |
| AE            | 1.265 | 1.285 |                | 1.265                      | 1.265 | 1.265 | 1.265 |    | 1.265  |
| AF            |       |       |                |                            |       |       |       |    |        |
| Accept/Reject |       |       |                |                            |       |       |       |    |        |

|                   |      |
|-------------------|------|
| Measured by: B.E. | DAE  |
| Date: 16-12-03    | 08   |
|                   | 9-08 |

|                |
|----------------|
| Audited by: J. |
| Date: 16-12-5  |

| Rev | Date     | Change             | Revised by | Approved |
|-----|----------|--------------------|------------|----------|
| A   | 09.10.22 | New Issue          | KJ         | JLM      |
| B   | 09.11.25 | Dimension AE added | KJ         |          |
| C   | 15.06.22 | Dwg Rev updated    | KJ         |          |



|                                          |               |                             |
|------------------------------------------|---------------|-----------------------------|
| <b>DART AEROSPACE LTD</b>                |               | <b>Work Order:</b> 153045   |
| <b>Description:</b> Saddle, Outboard, LH |               | <b>Part Number:</b> D3883-1 |
| <b>Inspection Dwg:</b> D3883             | <b>Rev.</b> D | <b>Page 1 of 1</b>          |

Inspect dimensions highlighted on inspection sheet drawing and record below:

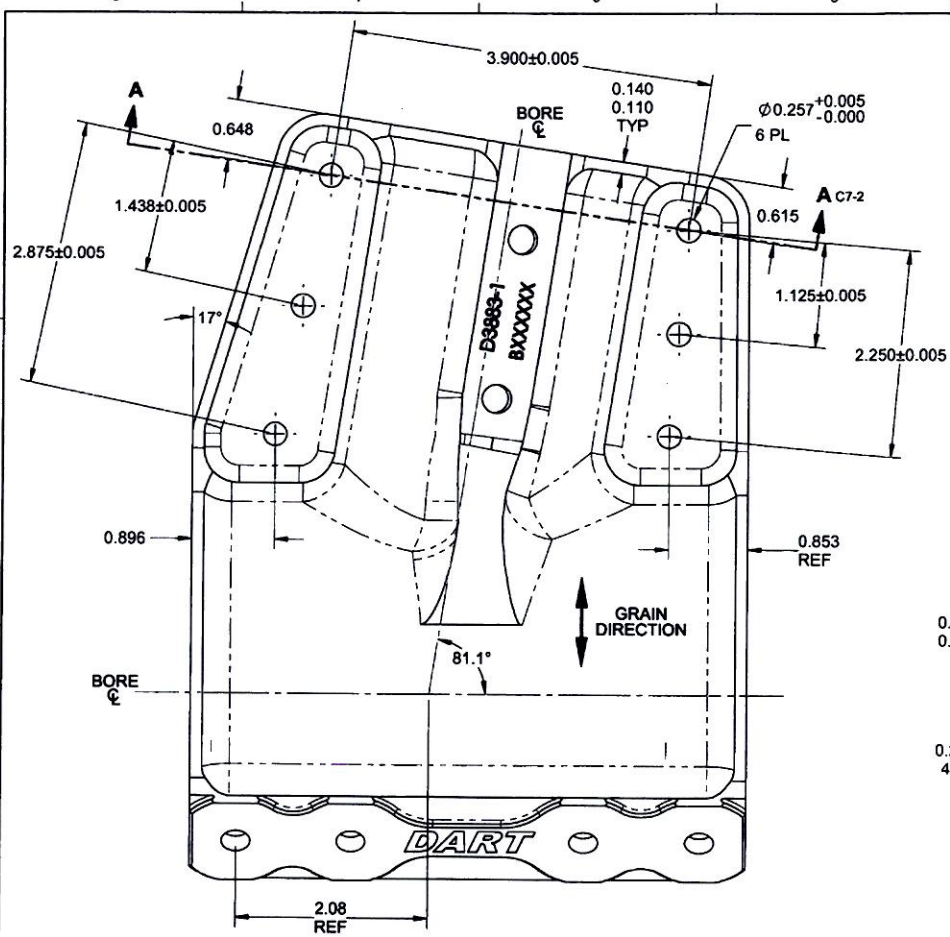
| Dim           | Min   | Max   | Go/No Go Gauge | Recorded Actual Dimensions |       |       |       | By | Date  |
|---------------|-------|-------|----------------|----------------------------|-------|-------|-------|----|-------|
|               |       |       |                | 16                         | 27    | 38    | 49    |    |       |
| A             | 2.870 | 2.880 |                | 2.875                      | 2.875 | 2.875 | 2.875 |    | 2.875 |
| B             | 1.433 | 1.443 |                | 1.438                      | 1.438 | 1.438 | 1.438 |    | 1.438 |
| C             | 0.638 | 0.658 |                | 0.646                      | 0.646 | 0.646 | 0.646 |    | 0.646 |
| D             | 3.895 | 3.905 |                | 3.900                      | 3.900 | 3.900 | 3.900 |    | 3.900 |
| E             | 0.257 | 0.262 |                | 0.258                      | 0.258 | 0.258 | 0.258 |    | 0.258 |
| F             | 0.605 | 0.625 |                | 0.612                      | 0.612 | 0.612 | 0.612 |    | 0.612 |
| G             | 1.120 | 1.130 |                | 1.125                      | 1.125 | 1.125 | 1.125 |    | 1.125 |
| H             | 2.245 | 2.255 |                | 2.250                      | 2.250 | 2.250 | 2.250 |    | 2.250 |
| I             | 2.000 | 2.020 |                | 2.000                      | 2.000 | 2.000 | 2.000 |    | 2.000 |
| J             | 0.140 | 0.165 |                | 0.147                      | 0.147 | 0.148 | 0.147 |    | 0.146 |
| K             | 0.240 | 0.260 |                | 0.247                      | 0.247 | 0.246 | 0.247 |    | 0.247 |
| L             | 0.115 | 0.135 |                | 0.123                      | 0.123 | 0.123 | 0.124 |    | 0.123 |
| M             | 0.140 | 0.165 |                | 0.147                      | 0.146 | 0.145 | 0.146 |    | 0.146 |
| N             | 0.720 | 0.780 |                | 0.765                      | 0.765 | 0.765 | 0.765 |    | 0.765 |
| O             | 0.240 | 0.260 |                | 0.256                      | 0.258 | 0.257 | 0.254 |    | 0.256 |
| P             | 0.110 | 0.140 |                | 0.140                      | 0.140 | 0.140 | 0.140 |    | 0.140 |
| Q             | 0.178 | 0.198 |                | 0.188                      | 0.188 | 0.188 | 0.188 |    | 0.188 |
| R             | 2.825 | 2.885 |                | 2.855                      | 2.855 | 2.855 | 2.855 |    | 2.855 |
| S             | 0.316 | 0.321 |                | 0.316                      | 0.316 | 0.316 | 0.316 |    | 0.316 |
| T             | 0.990 | 1.010 |                | 1.000                      | 1.000 | 1.000 | 1.000 |    | 1.000 |
| U             | 1.745 | 1.755 |                | 1.750                      | 1.750 | 1.750 | 1.750 |    | 1.750 |
| V             | 5.990 | 6.010 |                | 6.000                      | 6.000 | 6.000 | 6.000 |    | 6.000 |
| W             | 1.245 | 1.255 |                | 1.250                      | 1.250 | 1.250 | 1.250 |    | 1.250 |
| X             | 0.490 | 0.510 |                | 0.500                      | 0.500 | 0.500 | 0.500 |    | 0.500 |
| Y             | 1.220 | 1.280 |                | 1.250                      | 1.250 | 1.250 | 1.250 |    | 1.250 |
| Z             | 2.495 | 2.505 |                | 2.500                      | 2.500 | 2.500 | 2.500 |    | 2.500 |
| AA            | 0.313 | 0.318 |                | 0.314                      | 0.314 | 0.314 | 0.314 |    | 0.314 |
| AB            | 0.020 | 0.040 |                | 0.030                      | 0.030 | 0.030 | 0.030 |    | 0.030 |
| AC            | 0.760 | 0.765 |                | 0.765                      | 0.765 | 0.765 | 0.765 |    | 0.765 |
| AD            | 0.215 | 0.220 |                | 0.217                      | 0.218 | 0.218 | 0.218 |    | 0.218 |
| AE            | 1.265 | 1.285 |                | 1.265                      | 1.265 | 1.265 | 1.265 |    | 1.265 |
| AF            |       |       |                |                            |       |       |       |    |       |
| Accept/Reject |       |       |                |                            |       |       |       |    |       |

|                   |         |
|-------------------|---------|
| Measured by: B.C. | DAS     |
| Date: 16-12-05    | 08 9-09 |

|                |
|----------------|
| Audited by: JL |
| Date: 16-12-5  |

| Rev | Date     | Change             | Revised by | Approved |
|-----|----------|--------------------|------------|----------|
| A   | 09.10.22 | New Issue          | KJ         | JLM      |
| B   | 09.11.25 | Dimension AE added | KJ         |          |
| C   | 15.06.22 | Dwg Rev updated    | KJ         |          |

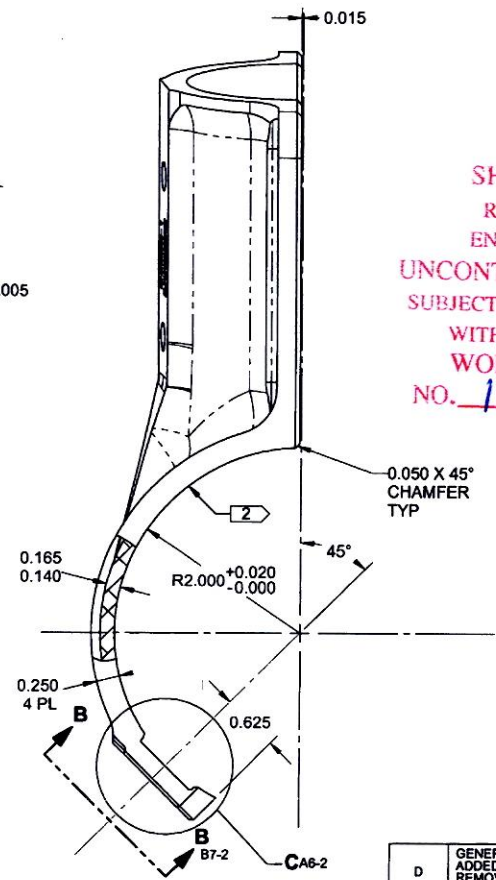




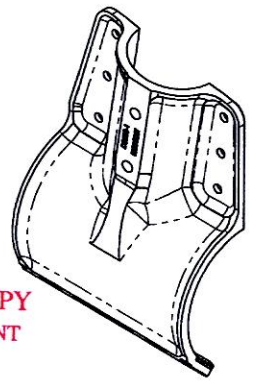
**D3883-1 SADDLE, OUTBOARD LH**

**NOTES:**

- 1) MATERIAL: 7075-T7351 ALUMINUM PER AMS-QQ-A-250/12, OR QQ-A-250/12 OR ASTM B209 (REF DART SPEC. D6101-015)
- 2) FINISH: CHEMICAL CONVERSION COAT PER DART QSI 005 4.1 MASK INSIDE SURFACES OF SADDLE PRIOR TO APPLICATION OF POWDER COAT POWDER COAT GLOSS WHITE (4.3.5.1) PER DART QSI 005 4.3
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: ENGRAVE PART AND BATCH NUMBER IN THIS AREA TO MAX. DEPTH OF 0.010 WITH A MIN. TOOL RAD OF R0.010
- 7) WEIGHT: 1.03 lbs
- 8) ENGRAVE DART LOGO TO MAX DEPTH OF 0.015 WITH MIN RAD R0.250
- 9) ALL NON-DIMENSIONED FEATURES DEFINED PER DRAWING FILE "D3883-1-REV.D.SLDPRT"



SHOP COPY  
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WITHOUT NOTICE  
WORK ORDER  
NO. 153045 HCS  
16-11-09

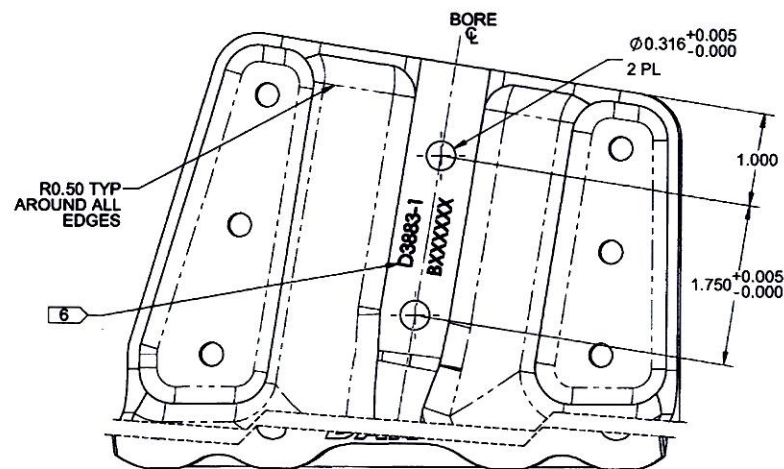
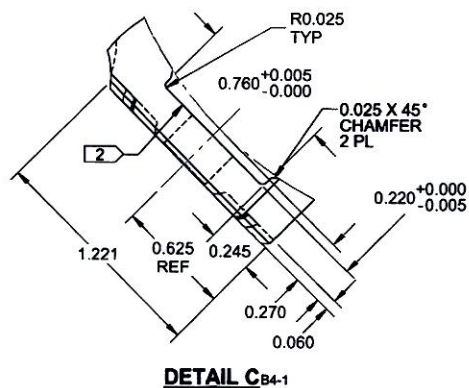
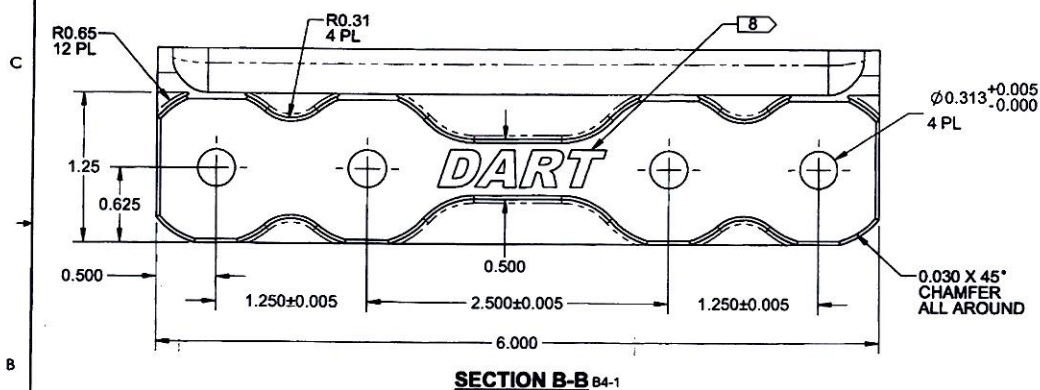
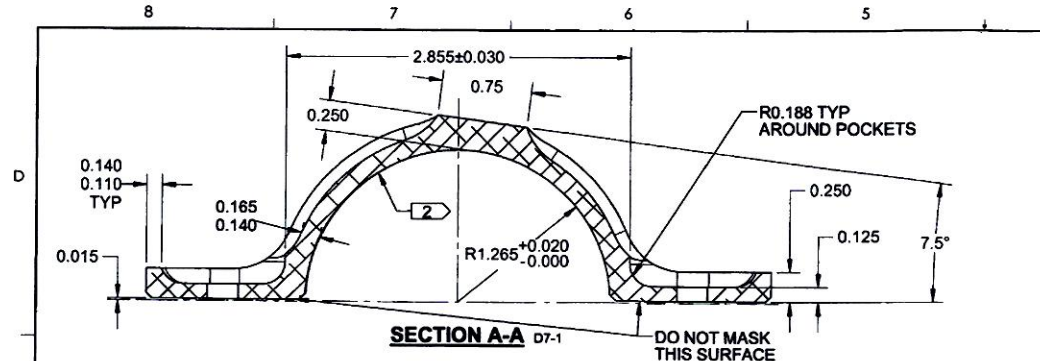


**RELEASED**

2015 MAY 19  
A.P. ECR15-575

| D          | GENERAL REDRAW, ADDED D3883-2 ON SHEETS 3 & 4, ADDED NOTE 9 & REMOVED UNNECESSARY DIMS, REMOVED POWDER COAT ON INSIDE SURFACE OF D3883-1/2 | AP                                                                                                                                                                                                                                                                                                                                                                                                                                    | 15.02.11 |
|------------|--------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| C          | ADD R1.285 (ZN D6-2)                                                                                                                       | RF                                                                                                                                                                                                                                                                                                                                                                                                                                    | 09.11.09 |
| B          | D6101-015, ZN A7-1; ADD 0.648, ZN D7-1; ADD 0.615, ZN D6-1; ADD 0.125, ZN D7-2; ADD 0.060 & R0.031, ZN B5-2; 0.75 WAS 0.728, ZN C7-2       | RF                                                                                                                                                                                                                                                                                                                                                                                                                                    | 09.06.30 |
| A          | NEW ISSUE                                                                                                                                  | RF                                                                                                                                                                                                                                                                                                                                                                                                                                    | 09.03.30 |
| REV.       | DESCRIPTION                                                                                                                                | BY                                                                                                                                                                                                                                                                                                                                                                                                                                    | DATE     |
| DESIGN     | AP                                                                                                                                         | <b>DART AEROSPACE USA, INC.</b><br>KENT, WA<br>DRAWING NO. <b>D3883</b><br>REV. D<br>SHEET 1 OF 4<br>SCALE NTS<br>TITLE <b>OUTBOARD SADDLE</b><br>COPYRIGHT © 2014 BY DART AEROSPACE USA, INC.<br>THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE USA, INC. |          |
| DRAWN      | AP                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                       |          |
| CHECKED    | AJS                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                       |          |
| MFG. APPR. | JLM                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                       |          |
| APPROVED   | HS                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                       |          |
| DE APPR.   | DS                                                                                                                                         | DATE <b>15.02.11</b>                                                                                                                                                                                                                                                                                                                                                                                                                  |          |

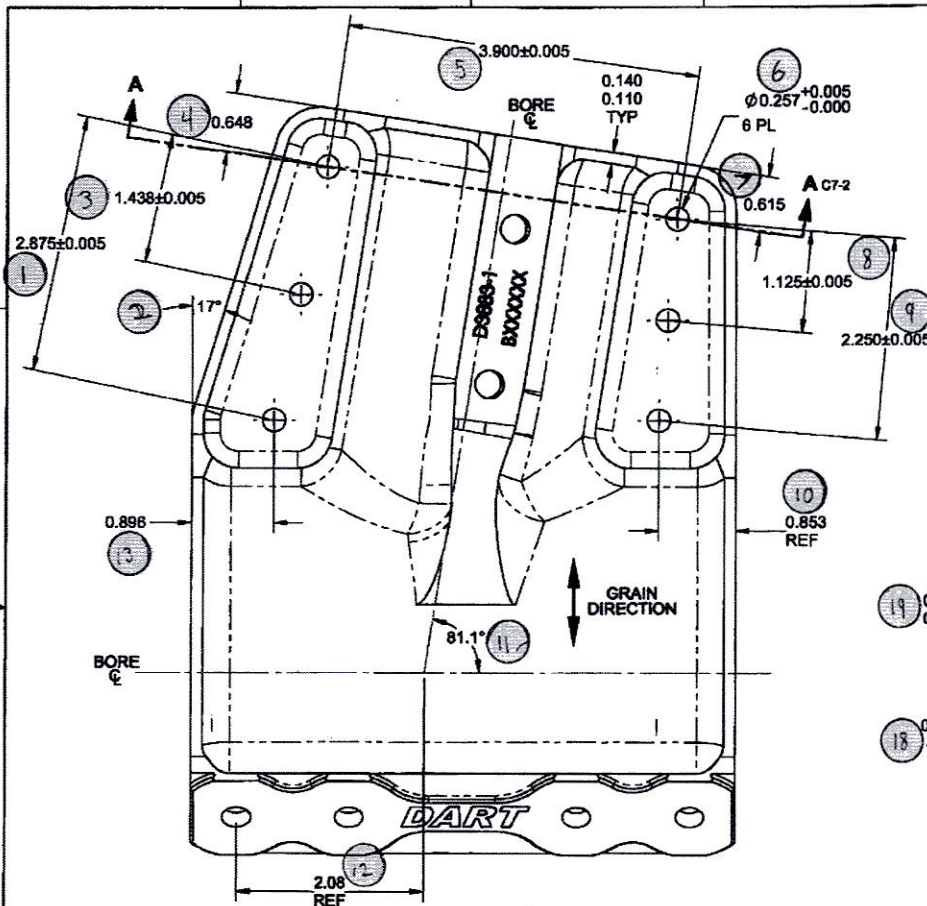
APPROVED



**RELEASED**  
P.R. 2015 MAY 19

|          |            |          |                                                                                                                                                                                                                                                                                                     |              |
|----------|------------|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| APPROVED | DESIGN     | AP       | <b>DART AEROSPACE USA, INC.</b>                                                                                                                                                                                                                                                                     |              |
|          | DRAWN      | AP       | KENT, WA                                                                                                                                                                                                                                                                                            |              |
|          | CHECKED    | AJS      | DRAWING NO.                                                                                                                                                                                                                                                                                         | REV. D       |
|          | MFG. APPR. | JLM      | <b>D3883</b>                                                                                                                                                                                                                                                                                        | SHEET 2 OF 4 |
|          | APPROVED   | HS       | TITLE                                                                                                                                                                                                                                                                                               | SCALE        |
|          | DE APPR.   | DS       | <b>OUTBOARD SADDLE</b>                                                                                                                                                                                                                                                                              | NTS          |
|          | DATE       | 15.02.11 | <small>COPYRIGHT © 2014 BY DART AEROSPACE USA, INC.<br/>THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE USA, INC.</small> |              |

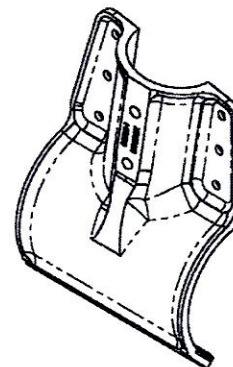
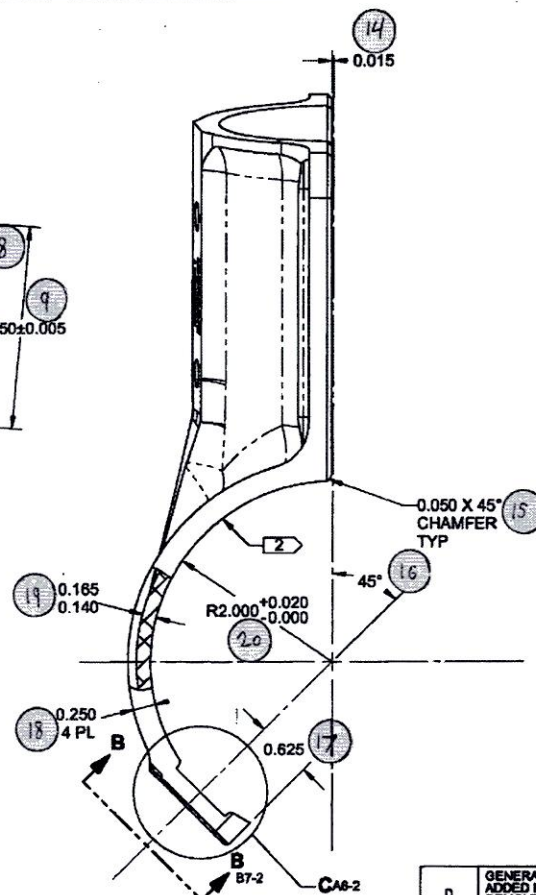




**D3883-1 SADDLE, OUTBOARD LH**

**NOTES:**

- 1) MATERIAL: 7075-T7351 ALUMINUM PER AMS-QQ-A-250/12, OR QQ-A-250/12 OR ASTM B208 (REF DART SPEC. D6101-015)
- 2) FINISH: CHEMICAL CONVERSION COAT PER DART QSI 005 4.1  
MASK INSIDE SURFACES OF SADDLE PRIOR TO APPLICATION OF POWDER COAT  
POWDER COAT GLOSS WHITE (4.3.5.1) PER DART QSI 005 4.3
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX.
- 6) IDENTIFICATION: ENGRAVE PART AND BATCH NUMBER IN THIS AREA TO  
MAX. DEPTH OF 0.010 WITH A MIN. TOOL RAD OF R0.010
- 7) WEIGHT: 1.03 lbs
- 8) ENGRAVE DART LOGO TO MAX DEPTH OF 0.015 WITH MIN RAD R0.250
- 9) ALL NON-DIMENSIONED FEATURES DEFINED PER DRAWING FILE "D3883-1-REV.D.SLDPRT"



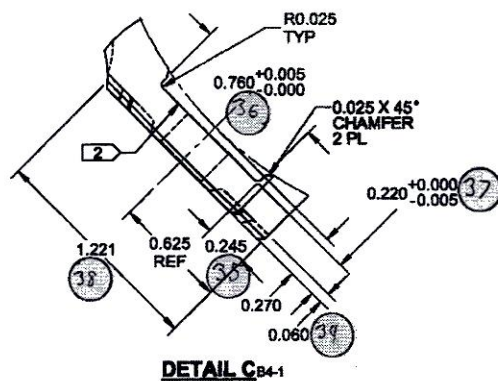
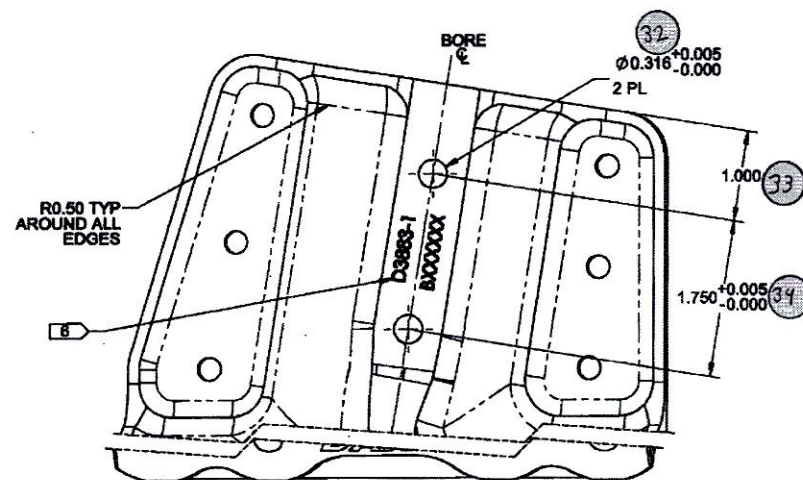
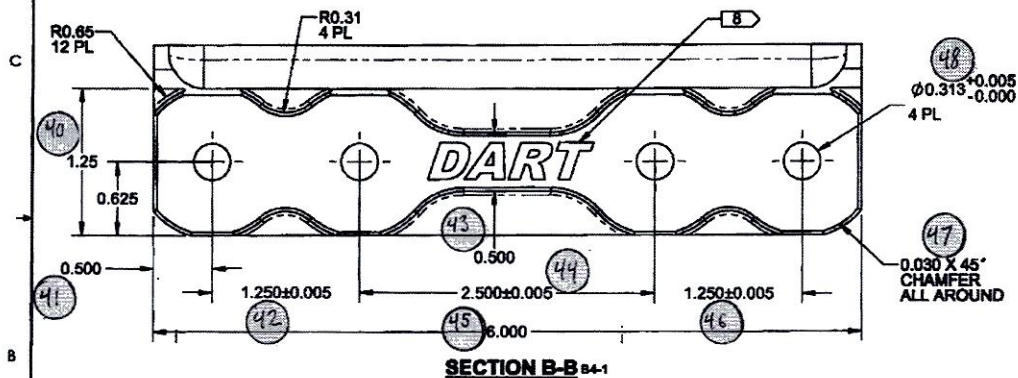
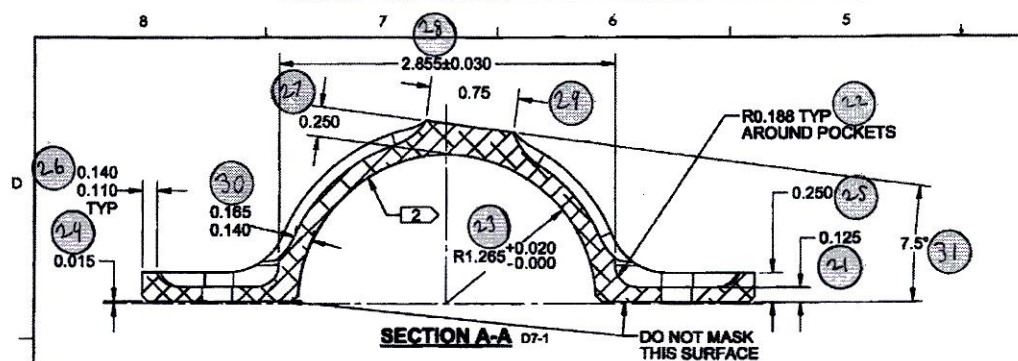
**RELEASED**

2015 MAY 19

A.P. ECNIS-575

| D          | GENERAL REDRAW, ADDED D3883-2 ON SHEETS 3 & 4, ADDED NOTE 9 & REMOVED UNNECESSARY DIMS, REMOVED POWDER COAT ON INSIDE SURFACE OF D3883-1/2 | AP                                                                                                                                                                                                                                                                                                                                                                                                                                     | 15.02.11 |
|------------|--------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| C          | ADD R1.285 (ZN D6-2)                                                                                                                       | RF                                                                                                                                                                                                                                                                                                                                                                                                                                     | 09.11.09 |
| B          | D6101-015, ZN A7-1; ADD 0.648, ZN D7-1; ADD 0.815, ZN D6-1; ADD 0.125, ZN D7-2; ADD 0.080 & R0.031, ZN B5-2; 0.76 WAS 0.728, ZN C7-2       | RF                                                                                                                                                                                                                                                                                                                                                                                                                                     | 09.08.30 |
| A          | NEW ISSUE                                                                                                                                  | RF                                                                                                                                                                                                                                                                                                                                                                                                                                     | 09.03.30 |
| REV.       | DESCRIPTION                                                                                                                                | BY                                                                                                                                                                                                                                                                                                                                                                                                                                     | DATE     |
| DESIGN     | AP                                                                                                                                         | <b>DART AEROSPACE USA, INC.</b><br>KENT, WA<br>DRAWING NO.<br><b>D3883</b><br>TITLE<br><b>OUTBOARD SADDLE</b><br>SCALE<br>NTS<br>COPYRIGHT © 2014 BY DART AEROSPACE USA, INC.<br>THIS DOCUMENT IS PROPRIETARY AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE REPRODUCED FOR ANY PURPOSES OR COPIED OR TRANSMITTED IN ANY FORM OR BY ANY MEANS WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE USA, INC. |          |
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| MFG. APPR. | JLM                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                        |          |
| APPROVED   | HS                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                        |          |
| DE APPR.   | DS                                                                                                                                         | REV. D<br>SHEET 1 OF 4<br>DATE<br>15.02.11                                                                                                                                                                                                                                                                                                                                                                                             |          |

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|          | MFG. APPR. | JLM      | D3883                                                                                                                                                                                                                                                                             | SHEET 2 OF 4 |
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